

BEST AVAILABLE COPY

CLAIMS ONLY						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
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12		/					62				
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16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
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22		/					72				
23		/					73				
24		/					74				
25	/						75				
26							76				
27	/	/					77				
28		/					78				
29	/						79				
30		/					80				
31							81				
32							82				
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37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	<u>5</u>						TOTAL IND.				
TOTAL DEP.	<u>25</u>						TOTAL DEP.				
TOTAL CLAIMS	<u>30</u>						TOTAL CLAIMS				
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS											